

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
IND	DEP	IND	DEP	IND	DEP
101	1				
2	1				
3	1				
4	1				
5	1				
106	1				
7	1				
8	1				
9	1				
10	1				
11	1				
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TOTAL IND.					
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TOTAL CLAIMS					

  

AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					

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	IND	DEP	IND	DEP	IND	DEP
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TOTAL CLAIMS						

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TOTAL IND.						
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